

TOWN OF SOMERS
ENVIRONMENTAL HEALTH
P.O. BOX 308
SOMERS, CT 06071
(860) 763-8216

Fee: Class I & II – \$150.00 Class III & IV - \$200.00

APPLICATION FOR FOOD SERVICE PERMIT

Name of Establishment: _____

Location: _____

Owner/Manager: _____

Certified Operator(s): _____

(Enclose a copy of each operators certificate)

Business Phone: _____ Business Fax: _____ Home Phone: _____

E-mail Address: _____

Business Mailing Address: _____

Home Mailing Address: _____

Type of Establishment: Restaurant _____ Caterer _____ Grocery Store _____ Vendor _____ Other _____

Liquor Permit: yes _____ no _____

Hours of Operation: S _____-_____ M _____-_____ T _____-_____ W _____-_____ Th _____-_____
F _____-_____ S _____-_____

Seating Capacity: _____

Water Supply: City _____ Well _____, (If on a well - a copy of your State of Connecticut
Department of Public Health, Food Service Establishment Water System Registration Form
must be attached)

Sewage Disposal: City _____ Private _____

Date when the septic tank and/or grease trap was last pumped: _____

Signature _____

Date _____